

STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS
Helen E. Hanks, Commissioner



Request for News Media Access to Person Under Department Control or Staff Member

I, _____, on behalf of _____
 Media Representative Name of Media

am requesting access to _____
 Name of PUDC or Staff Member

for the following purpose(s) _____

To be published or broadcast: _____
 When Where

I understand that the PUDC's or Staff member's participation is voluntary and is contingent upon the approval of the Information Officer, the Victim Services Bureau, Commissioner's Office and the staff member/ PUDC or their guardian. I understand that access, if granted is subject to certain conditions, which if violated will result in the termination of access by facility staff. I further understand that the PUDC/Staff member may terminate the access at any time for any reason. I also understand that the publication, broadcasting, or any other disclosure of identifying information of a PUDC who is a minor or an adult with a guardian is strictly prohibited at all times and that a PUDC or staff member who is 18 or over and who does not have a guardian must specifically authorize the publication or broadcast of identifying information.

If you have any questions, please contact the Public Information Office at (603)271-5602.

 Signature of News Media Representative

 Date

File: Original in Personnel Record for Staff
 Original Scanned in Client Record – Filehold for PUDCs